								Application or Docket Number					
	PATENT		0 .	/0. D	_	1							
Effective October 1, 2003											- 00	1	
CLAIMS AS FILED - PART I								MALLE	NTITY		OTHER		
(Column 1) (Column 2)							ו קו	TYPE [<u></u>	OR	SMALL		
TOTAL CLAIMS			27					RATE	FEE	-	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			2 7mir	nus 20=	* 7			X\$ 9=	63	OR	X\$18=		
INDEPENDENT CLAIMS			ν minus 3 = γ					X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL	442	OR	TOTAL		
CLAIMS AS AMENDED - PART II								CMALL	CNTITY	_ 	OTHER SMALL		
	<u> </u>	(Column 1)		(Colur HIGH		(Column 3)	1 -	SMALL		ADDI-	SMALL	ADDI-	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	:	
	Independent	*	Minus	***		=		X43=		OR	X86=		
	FIRST PRESE	JLTIPLE DEF	PENDENT CLAIM			ا ا	+145=		OR	+290=			
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)								<u> </u>		ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING		HIGH NUM	EST	PRESENT	ÌΓ		ADDI-			ADDI-	
		AFTER AMENDMENT		PREVIO PAID	USLY	EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	$\ \ $	X43=		OR	X86=		
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						¹	+145=		OR	+290=		
								TOTAL			TOTAL		
(Column 1) (Column 2) (Column 3)								DDIT. FEE		ОR	ADDIT. FEE		
	`	1 —											
ENTC	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	** ;		= .		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	╽	X43=		O'B	X86=		
⋖	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ľŀ			OR		•	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											+290=		
** If the entry in column 1 is less than the entry in column 2, write '0' in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." OI											TOTAL ADDIT. FEE		
		mber Previously Pai					er foun	d in the app	propriate box	c in col	umn 1.		